

Mental health is important in PD, like any other chronic disease. While mood changes can play a part in various types of mental illnesses, non-motor problems can also play a key role. Most commonly, mood changes involve depression and or anxiety. It has been thought that up to 50% of PD patients experience a mood disturbance at some point during their illness. Though depression and anxiety are commonly reported in patients with other chronic diseases, some research suggests that they are even more common in PD.

What are the Symptoms of Anxiety?

There are different forms of anxiety common in PD. The following is a list of symptoms associated with each form:

1. Generalized Anxiety Disorder

- Generalized anxiety is a feeling of nervousness and thoughts of worry most of the time.
- The worrying is in excess of what patients would normally expect and often feels out of control.
- Physical symptoms are also common including: butterflies in the stomach, trouble breathing or swallowing, racing of the heart, sweating and increased tremors.

2. Anxiety Attacks

- Anxiety attacks usually start suddenly with a sense of severe physical and emotional distress.
- Patients may feel as if they cannot breathe or are having a heart attack. A common worry is that a medical emergency is happening.
- These episodes usually last less than an hour, particularly when associated with “off” periods though they can last for longer periods of time.

3. Social Avoidance

- Social avoidance involves avoiding social situations secondary to a fear of having Parkinson's symptoms in public such as tremor, trouble walking etc.
- Exposure to these situations can lead to severe anxiety, which goes away when removed from the situation.

4. Obsessive-Compulsive Disorder

- People with OCD may be plagued by persistent, unwelcome thoughts or images, or by the urgent need to engage in certain rituals. They may be obsessed with germs or dirt, and wash their hands over and over. They may be filled with doubt and feel the need to check things repeatedly.
- Repetitive behaviors such as hand washing, counting, checking, or cleaning are often performed with the hope of preventing obsessive thoughts or making them go away. Performing these so-called "rituals," however, provides only temporary relief, and not performing them markedly increases anxiety.

What Causes Anxiety?

While anxiety is less well studied, it may be as common as depression in those with PD. Up to 40% of patients experience some form of anxiety

Psychological Factors

- There are common fears and worries that go along with anxiety in PD.
- One is a fear of being unable to function, particularly during a sudden "off" period. This sometimes leads to a need to be with someone at all times and a fear of being left alone.
- Another is a concern about being embarrassed—often related to having people notice symptoms of PD in public.

Biological Factors

- Many of the brain pathways and chemicals linked with depression in PD are also likely related to anxiety.

- PD patients also have abnormalities in GABA, a brain chemical closely linked with anxiety and which one class of anti-anxiety medications can target.
- In some cases, anxiety is directly related to changes in motor symptoms. Especially in patients who experience “off” periods can develop severe anxiety during these states sometimes to the point of full-blown anxiety attacks.

How is Anxiety Diagnosed?

- Overall, it is easier to diagnose anxiety than depression in PD, as the symptoms of anxiety and PD do not overlap as much.
- A diagnosis of an anxiety disorder is made only if the symptoms involve a clear change in a patient's previous behavior and is not easily confused with motor symptoms.

What are the Treatment Options for Anxiety?

❖ Medication Therapy- SSRIs

- Newer antidepressants such as SSRIs are typically the first medication used.
- All of these medications have been shown to be helpful for one or more anxiety disorder.
- For patients with anxiety attacks, very low dosages should be used at first, as there is evidence that these medications can actually increase attacks when first started at higher dosages.
- An added benefit of using SSRIs is that they can also help with the depression that often goes along with the anxiety.

❖ Medication Therapy- Benzodiazepines

- An older class of medications called benzodiazepines is used to treat anxiety disorders and target the brain chemical GABA.
- Most of these medications have been around for many years including:
 - diazepam (Valium®)
 - lorazepam (Ativan®)
 - clonazepam (Klonopin®)
 - alprazolam (Xanax®)

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- They can be very effective for anxiety, sometimes working better than antidepressants.
 - They take effect very quickly, often providing some relief after a single dose, though they have to be taken regularly for a lasting effect.
 - These medications can also help with other symptoms of PD, including certain types of tremor, muscle cramping and sleep changes.
 - Major drawbacks of using benzodiazepines include memory difficulties, confusion, increase in balance problems and tiredness.
 - These medications should not be stopped suddenly once they have been taken regularly, as patients can have uncomfortable and serious withdrawal symptoms.
 - *Benzodiazepines should be used with caution in older patients with PD or in those with dementia.*

What are the Alternative Treatments for Anxiety?

Psychotherapy

- Individual psychotherapy can help patients focus on changes in thinking and behavior that occur in with anxiety.
- It can also provide support, understanding and education. Patients may be seen alone, as a couple or family or in a group.

Exercise

- Exercise has been found to be a simple therapeutic approach for improving mood and anxiety.
- It can include walking, stretching, yoga, tai-chi and all basic forms of physical activity.

Non-Conventional Types of Therapy for Anxiety

- Relaxation Techniques
- Massage Therapy
- Acupuncture
- Aromatherapy
- Meditation
- Music Therapy